REHABILITATION OF 142 BLINDED VETERANS AT HINES VAH.

By

Robert L. Robinson

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Introduction

In 1964, a study was made of 851 blinded male veterans of World War I, World War II, and the Korean conflict. This study, largely financed by the Veterans Administration, was directed by the Research Department of the American Foundation for the Blind with the assistance of the Blinded Veterans Association.

The study sample consists of 851 men with a service-connected disability who have a vision loss of 70 percent or greater. Many of these men have other conditions (in addition to blindness) resulting from military service.

The findings of this study are reported in the American Foundation for the Blind publication, 851 Blinded Veterans: A Success Story.[1] Briefly, the conclusion of the study shows that blind persons, when provided with adequate medical, social, and rehabilitative services can live rich, rewarding lives.

The data collected during this study provided the material for a sub-study of 142 men, from among the 851, who had attended Hines Veterans Administration Blind Rehabilitation Center at Hines, Ill. From 1948 and through the time of this study blind rehabilitation training was available at Hines VAH only. After World War II, the

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1. M. D. Graham, R. L. Robinson, et al. (New York: American Foundation for the Blind, 1968).

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United States Veterans Administration was assigned the responsibility for the hospitalization and rehabilitation of the blinded and severely visually impaired soldiers, sailors, marines and airmen of our nation. Earlier, the respective military services were responsible for the rehabilitation and hospitalization of blinded servicemen.

As a consequence of this new role of the Veterans Administration, certain important changes were made in the blind rehabilitation program at the new facility at Hines VAH in 1948.

Now an intensive program of mobility training (18 weeks) with the use of a guidance device, a long, lightweight, aluminum cane (typhlocane)[2] is heavily emphasized in the program at Hines VAH. Instruction in communication skills, such as typing, reading and writing in braille, and training in the use of business machines, (recorders, etc.) is another aspect of the rehabilitation training of blinded veterans. The ex-servicemen at Hines are also taught certain manual dexterity skills calculated to help them to develop their capabilities. The entire program is focused upon the individual blinded veteran. The highly trained and skilled staff at Hines attempts to build a success pattern for a new kind of life.

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2. The Long Cane is a cane specifically designed to serve as a mechanical object detector and environmental perceptor to facilitate physical orientation and self-dependent mobility for persons having severe visual impairment or blindness. "Rotterdam Mobility Research Conference," Research Bulletin, May 1965, p. 243, American Foundation for the Blind, New York.

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The Blind Rehabilitation Center at Hines Veterans Administration Hospital, Hines, Illinois, has long had a waiting list. (As the veteran population grown older, visual loss occurs more frequently.) To help meet this increased need, a second center was opened in July 1967 at Palo Alto, California, and a third has been opened in West Haven, Connecticut.

There are two ways in which a blinded veteran may request rehabilitation from the VA Hospital, Hines, Illinois (as well as Palo Alto and West Haven). He may either mark at the top of the regular VA hospital application form (10-P-10) that he is applying for blind rehabilitation or he may make his request in the form of a letter applying for blind rehabilitation therapy at Hines and including his claim number. Both these petitions are to be sent to the Registrar Division of the VA regional office which has jurisdiction over the veterans's claim folder.

The veterans' regional office, upon receipt of his application, will call the veteran for examination, the authority for and direction of which are outlined in Chapter 18, VA Manual.

The examination and application form 10-P-10 are sent to the Registrat Division at the Veterans Administration Hospital, Hines, Illinois. There the cases are reviewed by the medical and rehabilitation staff of the hospital. It if is determined that the

veteran is eligible and has the physical and mental stamin necessary for this program, transportation plans are worked out.

The veteran is informed of these arrangements and of which articles of clothing will be appropriate. The Center advocates that he bring an immediate family member with him to act as a guide and also so that the family will gain firsthand knowledge of the center which should facilitate understanding between the trainee and his family, both while he is away and when he returns home. It is not advocated that the veteran's family re-locate to the area while he is in the program. When this happens not all the veteran's attention can be focused on the training program since his role as a family member, especially as head of the household, will interfere with this. Before he arrives, the Veterans Administration tries to supply as much information about the program as it can to the veteran.

Upon his arrival at the center, the veteran will go to the Admitting Service. His papers will be there and travel plans for himself and his guide can be arranged. He will then be sent to the Central Blind Rehabilitation Section for the rehabilitation of veterans with severe visual impairment or blindness where he will be shown his room and be introduced to the staff who will help him in his rehabilitation.

The program at these centers has been modified to meet the problem of aging and of multiple impairments in those veterans now

awaiting admission. The program also continues to deal with newly blinded servicemen.

According to the most recent estimate of the Veterans Administration, there are now approximately 600 blinded veterans from the war in Vietnam. We do not know how many of these newly blinded veterans have received blind rehabilitation training at the Blind Rehabilitation Centers in Hines, Illinois, Palo Alto, California or West Haven, Connecticut.

SUB-STUDY OF 142 "BV 64" WHO ATTENDED HINES VAH

Among the 851 blinded veterans, whom we called the "BV 64," was a sub-group of 142 men who had attended the rehabilitation facility of the Veterans Administration Hospital at Hines, Illinois. These 142 men we shall refer to as the "BV 64 Hines."

The BV 64 Hines sub-sample (142 men) was analyzed in regard to the characteristics and situations of the individuals attending Hines, and this sample was compared to and contrasted with those men who did not attend Hines (709 men).

Tests of significance were performed for a number of variables in the findings on the BV 64 Hines, comparing them with the BV 64 non-Hines group. There were a number of variables which did prove to be statistically significant.

1. The proportion of the BV 64 Hines blinded males who were black was greater than the proportion of the BV 64 non-Hines

who were black, significant at the .01 level.

2. The proportion of the BV 64 Hines without a chronic condition was greater than the proportion of the BV 64 non-Hines without a chronic condition, significant at the .01 level. There was one important exception to this finding, i.e., the proportion of members of the BV 64 Hines with a chronic nervous condition was greater than that in the non-Hines BV 64 population, significant at the .05 level.
3. The proportion of the BV 64 Hines using a Hoover cane, or typhlocane, in familiar places, either regularly or occasionally, was greater than the proportion of the BV 64 non-Hines category, significant at the .01 level.
4. The proportion of the BV 64 Hines with a total cash income of $15,000-$24,999 yearly, was less than the proportion of the BV 64 non-Hines in that income bracket, significant at the .01 level.
5. The proportion of the BV 64 Hines who had not worked since 1950 and were out of the labor force was less than the proportion of the BV 64 non-Hines in that category, significant at the .01 level.

Although these were the statistically significant differences, the points at which the two groups did not differ significantly are

meetings occasionally is 21 percent to 11 percent for whites.

There is another factor in the larger percentage of blacks attending Hines. It is understood that in state programs for blind rehabilitation training counsellors report that it is easier to refer black clients for blind rehabilitation training than non-blacks.

When we try to explain the larger ratio of blacks to whites, in the Hines group, it must also be remembered that in our society, a racist society, we have attributed to the black who is blind a kind of double disability. . .that is, his blindness plus his blackness. In many instances it is probable that the individual black blinded veteran or other blind black client has no marketable skill, has no job and is unlikely to get employment because of these reasons. He may often have only an elementary school education, if that, and so he finds himself the blind-black recipient of whatever the white community thinks is good for him.

Relation to Head of Household -(See Table 3, Appendix)

About the same percentage of BV 64 Hines were head of household (80 percent) as were head of household in the non-Hines group (79 percent). In this respect the veteran's situation, apparently, does not affect his going to Hines, nor is it affected by his having gone to Hines. Of course, this may not be true of an individual veteran, but the data cannot individualize.

Marital Status - (See Table 4, Appendix)

Marital status was another factor which did not differentiate BV 64 Hines from the non-Hines. This is reasonable. A wife might encourage her husband to undertake rehabilitation, or might discourage him for doing it. Family responsibilities might pressure a man into undertaking rehabilitation, but might also mitigate against his leaving home for 18 weeks of blind rehabilitation.

Other Impairments - (See Table 5, Appendix)

Eighty-five percent of the BV 64 Hines and 82 percent of the non-Hines had no impairments in addition to blindness. Three percent of the BV 64 Hines had hearing impairments, as compared to 4 percent of the non-Hines. Similarly, others with multiple impairments tended to have nearly the same representation in the BV 64 Hines group as in the non-Hines group. No veterans with speech defects or absence of major extremities were in the BV 64 Hines group, and men with these impairments made up less than one percent of the BV 64 total group. Again, this reflects Hines admission policies, that the general health of the applicants should be good before undertaking rehabilitation.

Chronic Conditions - (See Table 6, Appendix)

Seventy-five percent of the BV 64 Hines had no chronic conditions compared to 63 percent of the non-Hines group. This was a

significant difference. Only half as large a percentage (2 percent) of the BV 64 Hines had heart conditions as in the non-Hines group (4 percent).

No one with malignant neoplasms or benign unspecified neoplasms, peptic or duodenal ulcers, hernia, other diseases of musculo-skeletal system, or those classified under "other" was in the BV 64 Hines, while these altogether were found in only 9 percent of the total (851) BV 64. Of this group, classified under "other," among the conditions identified, those with ulcers made up the largest group (2 percent) of the BV 64. Those with asthma or hayfever (7 percent) and arthritis (4 percent) were found in the same percentages in the BV 64 Hines as in the non-Hines. The following conditions were slightly under-represented among the veterans who attended Hines, but in each case the difference was one percent or less and statistically insignificant: TB; high blood pressure; chronic bronchitis; sinusitis; other conditions of the respiratory system. Of the BV 64 Hines three percent had diabetes, and an equal percentage of non-Hines had diabetes.

This breakdown would indicate that those veterans with chronic conditions that are generally considered more disabling were less apt to go to Hines. This is understandable, particularly since these men might also tend to be among the older veterans.

Among the BV 64 with chronic conditions, however, there was one group which was more apt to attend Hines, and the reasons for this can only be surmised. These were the blinded veterans with mental or nervous conditions. There was twice as large a representation (8 percent) of blinded veterans in this category who attended Hines as in the group which did not attend Hines (4 percent). It might be because this group represented men who did not readily accept their blindness, and these mental and nervous conditions were symptomatic of a blinded human being's attempt to cope with blindness. Moreover, such blinded veterans themselves would tend actively to seek solutions to their disability, and new ways of life. Because of this such veterans may be more apt to be seen by VA social workers, who would suggest attendance at Hines as part of a treatment plan.

Mobility Frequency - (See Table 7, Appendix)

Since 1948, over 1,000 blinded veterans, including 142 of the BV 64 study, have received intensive training in the Hoover cane (typhlocane) technique as well as other blind rehabilitation training at Hines.

In this respect, it is significant to note that 39 percent of the BV 64 Hines used a Hoover cane regularly in both familiar and unfamiliar places, whereas this was true of only 7 percent of the non-Hines group. In fact, those who attended Hines were consistently better represented among the various classifications of cane users than were those who did not attend Hines. Eighty-three percent of

the non-Hines were among those who either did not use canes at all or for whom there was no information regarding use of Hoover canes, compared to only 35 percent of BV 64 Hines who were in the "does not use or no information" category. One of the major blind rehabilitation goals of Hines is not only to teach the veteran mobility techniques but to motivate him to want to use them at all times after he returns home.

Total Cash Income - See Table 8, Appendix)

The sample did not present statistical evidence that Hines rehabilitation caused later income to be above the average of blinded veterans who did not receive blind rehabilitation training at Hines. In fact, those of the BV 64 Hines with total cash income in the $15,000-$24,900 bracket were significantly fewer than were those of the non-Hines. This might be due to the fact that men in such an income bracket did not feel the need to go to Hines, did not have the time to go to Hines, or had already had training similar to that at Hines during or immediately after onset of blindness. Conceivably, the findings may have been skewed because some veterans declined interviews and examinations. Many of these veterans presumably had job responsibilities and felt unable to leave to participate in the study. This may also have differentiated the characteristics of men who consented to go to Hines,

those having responsible positions being less easily able to undergo the rehabilitation period at Hines (which involves living there for 18 weeks) and feeling less in need of it.

The figures show only the income of the BV 64 at the time of the study. We do not know how the income of BV 64 Hines before training at Hines compared to the income of those who never attended Hines. Furthermore, we do not know how the income of BV 64 Hines in 1964 compared to their pre-Hines income. Hines rehabilitation may have tended to bring the income of individuals (and remember that a disproportionate number of the group was non-white) up to the average of those who did not attend Hines. We can only speculate.

In this respect, one wonders about the education of the BV 64 Hines group. It is probable that a lesser percentage of the BV 64 Hines group had college educations which might account for the difference in the highest income level ($15,000-$24,999). It also may be that while this group was at Hines, much of the other group was in school.

Employment - (See Table 9, Appendix)

The data on employment presented one dramatic finding. The proportion of BV 64 Hines who had not worked since 1950 and were out of the labor force was significantly smaller than was that of the non-Hines group in the same category. Of the 152 BV 64 who had

not worked since 1950 and were out of the labor force, only ten men had attended Hines.

Combining statistics on those who had never worked since service or had worked at some time but were out of the labor force at time of data collection, we found the percentages to be almost identical (BV 64 Hines 58 percent, BV 64 non-Hines 57 percent).

We do not know at what point in the employment history of BV 64 Hines rehabilitation was obtained, nor do we know what difference in employment history the single factor of Hines attendance made in the lives of the individuals. Since even with a larger proportion of non-white male veterans and those with chronic mental or nervous conditions (but a smaller proportion of other chronic conditions) among BV 64 Hines, the ratio of those working or seeking work was about the same as that of the non-Hines. Perhaps attendance at Hines did help the individual blinded veterans to obtain employment or to have enough hope to continue looking for it.

Since one would not expect men who were currently employed to be likely to attend Hines, the upgrading of the employment situation by Hines for the individuals attending would be expected but might be statistically leveled out. That is to say, those BV 64 Hines obtaining positions after rehabilitation would have their counterparts among the BV 64 non-Hines who already had jobs. Again, we

have no way of knowing how many blinded veterans who had been to Hines declined to participate in the study because of their job commitments.

Summary

We learned that blinded veterans who attended Hines were comparable to those who did not attend Hines in age, relation to or position as head of household, and in marital status.

More black male veterans and fewer veterans with chronic conditions other than mental or nervous conditions attended Hines than their representation in the total BV 64 would indicate.

Associated with attendance at Hines was greater use of the typhlocane, and, apparently, greater mobility in general.

The employment and income picture for the BV 64 Hines was about the same as for those who did not attend Hines, except that there was a smaller proportion of BV 64 Hines in the $15,000-$24,999 bracket, and there were fewer men who had not worked since 1950 and were out of the labor force.

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TABLE 1 - AGE

	(N=851) BV 64	(N=142) BV 64 Hines
Average Age	46	43

TABLE 2 - RACE

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted NON-HINES	
		%		%		%
Male White	697	82	94	66	603	85
Male Negro	112	13	38	27	74	10
Others	42	5	10	7	32	5
TOTAL	851	100	142	100	709	100

TABLE 3 - RELATION TO HEAD OF HOUSEHOLD

	(N=851) BV 64	%	(N-142) BV 64 Hines	%	(N=709) BV 64 Adjusted Non-Hines	%
Head	681	80	113	80	568	79
Spouse of Head	49	6	7	5	42	6
Child of Head	34	4	9	6	25	4
Son-in-law						
Grandchild						
Parent of head	6	.70			6	.83
Parent of head's wife/husband	2	.23			2	.27
Brotner or sister of head or wife	18	2	3	2	15	2
Other relative of head	6	.70	2	1.4	4	.55
Lodger or partner	15	2	2	1.4	13	2
Resident employee	1	.11			1	.13
Group quarters (Including both & non-inmates)	14	2	2	1.4	12	2
Shared authority with spouse	25	3	4	3	21	3
No information						
TOTAL	851	100	142	100	709	100

TABLE 4 - MARITAL STATUS

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709 BV 64 Adjusted Non-Hines	
		%		%		%
Married, spouse present, married once	489	57	86	61	403	56
Married, spouse present, married more than once	167	20	27	19	140	20
Separated, married once	15	2	1	.70	14	2
Separated, married more than once	7	.82	3	2	4	.56
Married, spouse absent, married once	1	.11			1	.14
Married, spouse absent, married more than once	3	.35			3	.42
Widowed, married once	26	3	1	.70	25	4
Widowed, married more than once	7	.82			7	.98
Divorced, married once	34	4	4	3	30	4
Divorced, married more than once	14	2	2	1.4	12	2
Single, never married	87	10	18	13	69	10
No information	1				1	.14
TOTAL	851	100	142	100	709	100

TABLE 5 - OTHER IMPAIRMENTS

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted Non-Hines	
		%		%		%
None	707	83	120	85	587	82.5
Hearing Impairment	31	4	4	3	27	4
Speech Defects	2	.23			2	.28
Paralysis, complete or partial	4	.46	1	.70	3	.42
Absence, major extremities	1	.11			1	.14
Other impairments: limbs, back, trunk	50	6	8	5.63	42	6
Other or combination	56	7	9	6	47	7
TOTAL	851	100	142	100	709	100

TABLE 6 - CHRONIC CONDITIONS

	(N=851)		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted Non-Hines	
		%		%		%
None	557	65	106	75	451	63
TB	9	1	1	.70	8	1
Malignant neoplasm	3	.35			3	.42
Benign unspecified neoplasms	1	.11			1	.14
Asthma, hayfever	6	.70	1	.70	5	.70
Diabetes	27	3	4	3	23	3
Mental/or nervous condition (Psychological)	39	5	11	8	28	4
Heart condition	30	3	3	2	27	4
High blood pressure	17	2	2	1	15	2
Varicose veins	3	.35			3	.42
Hemorrhoids	10	1	2	1	8	1
Other conditions of circulatory system	17	2	2	1	15	2
Chronic bronchitis, sinusitis	7	.82	1	.70	6	.84
Other conditions, respiratory system	16	2			16	2
Peptic ulcer or duodenal ulcer	1	.11			1	.14
Hernia	19	2	3	2	16	2
Other conditions of digestive system	6	.70	1	.70	5	.70
Conditions of genitourinary system	31	4	5	4	26	4
Arthritis	5	.46			4	.56
Other diseases of musculoskeletal system	48	6			48	7
Other						
TOTAL	851	100	142	100	709	100

TABLE 7 - HOOVER CANE - MOBILITY-FREQUENCY

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted Non-Hines	
		%		%		%
Uses in familiar places only, regularly	27	3	6	4	21	3
Uses in familiar places only, occasionally	8	.93	3	2	5	.69
Uses in unfamiliar places only, regularly	15	2	4	3	11	2
Uses in unfamiliar places only, occasionally	29	3	12	8	17	2
Uses in both, regularly	107	13	55	39	52	7
Uses in both, occasionally	28	3	11	8	17	2
Uses in familiar only, no other information						
Uses in unfamiliar only, no other information						
Uses in both, no other information						
Uses regularly, no other information	1	.11			1	.14
Uses occasionally, no other information	1	.11	1	.70		
Does not use or no information	642	75	50	35	592	83
TOTAL	858	100	142	100	716	100

TABLE 8 - TOTAL CASH INCOME

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted Non-Hines	
		%		%		%
$1000 to $1999	20	2	1	.70	19	3
$2000 to $3999	76	9	13	9	63	9
$4000 to $5999	178	21	35	25	143	20
$6000 to $7999	175	21	29	20	146	20
$8000 to $9999	148	17	21	15	127	18
$10,000 to $14,999	201	24	39	27	162	23
$15,000 to $24,999	41	5	1	.70	40	6
Over $25,000	12	1	3	2	9	1
No information						
TOTAL	851	100	142	100	709	100

TABLE 9 - EMPLOYMENT

	(N=851) BV 64		(N=142) BV 64 Hines		(N=709) BV 64 Adjusted Non-Hines	
		%		%		%
Never worked since service, discharged before 1955	46	5	10	7	36	5
Never worked since service, discharged 1955 & after	12	1	10	7	2	.27
Not worked since 1950, out of labor force	152	18	10	7	142	20
Not worked since 1950, in labor force	3	.35	1	.70	2	.27
Worked since 1950, but not since 1960; out of labor force	185	22	35	25	150	21
Worked since 1950 but not since 1960; in labor force	13	1	2	1	11	2
Worked since 1960, not working now, out of labor force	100	12	18	13	82	12
Worked since 1960, not working now, in labor force	26	3	7	5	19	3
Working 40 hrs. or more a week, for 40 wks. or more a year	209	25	28	20	181	25
Working 40 hrs. or more a week, less than 40 wks. a year	15	2	6	4	9	2
Working less than 40 hrs. more than 40 wks. a year	57	7	9	6	48	7
Working less than 40 wks. a year	13	1			13	2
Other	1	.11			1	.13
No information	4	.46	1	.70	3	.41
Unpaid full-time volunteer worker	2	.23	1	.70	1	.13
Unpaid part-time volunteer worker	1	.11			1	.13
Looking for work, no other information	10	1	3	2	7	1
No cash wages, working for other tangible benefits	1	.11	1	.70		
Free lance writer (40 hrs. & 40 wks.) No income	1	.11			1	.13
TOTAL	851	100	142	100	709	100

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